

Named insured

Exquisite Ground Transportation  
7320 BROADRIVER RD  
IRMO, SC 29063

**Policy number: 950058146**

Underwritten by:  
Progressive Northern Insurance Co  
June 17, 2021  
Policy Period: Jun 16, 2021 - Jun 16, 2022  
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**progressivecommercial.com**  
**Online Service**

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PO Box 94739  
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## Commercial Auto Insurance Coverage Summary

### This is your Declarations Page

Your coverage began the later of June 16, 2021 at 12:01 a.m. or the effective time shown on your application. This policy period ends on June 16, 2022 at 12:01 a.m.

Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for an auto may not be combined with the limits for the same coverage on another auto, unless the policy contract allows the stacking of limits. The policy contract is form 6912 (06/10). The contract is modified by forms 2852SC (12/05), 4757SC (08/12), Z311 (11/07), Z313 (05/07), 4792A (02/06), 4852SC (01/10), 4881SC (02/11) and Z228 (01/11).

The named insured organization type is a corporation.

#### Outline of coverage

Description	Limits	Deductible	Premium
Liability To Others			\$3,171
Bodily Injury Liability	\$50,000 each person/\$100,000 each accident		
Property Damage Liability	\$25,000 each accident		
Uninsured Motorist			226
Bodily Injury	\$50,000 each person/\$100,000 each accident		
Property Damage	\$25,000 each accident	\$200	
Underinsured Motorist			222
Bodily Injury	\$50,000 each person/\$100,000 each accident		
Property Damage	\$25,000 each accident	\$0	
Medical Payments	\$5,000 each person		318
Comprehensive			664
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			2,780
See Auto Coverage Schedule	Limit of liability less deductible		
Rental Reimbursement			78
See Auto Coverage Schedule			
Roadside Assistance			18
See Auto Coverage Schedule			
<b>Subtotal policy premium</b>			<b>\$7,477</b>
UM Fund Fee			2
<b>Total 12 month policy premium and fees</b>			<b>\$7,479</b>

### Rated drivers

1. Valencia Flowers
2. Kenton M Houseworth
3. Christan D Delyons-Mcknight

### Auto coverage schedule

1. **2018 CHEVROLET SUBURBAN** Stated Amount: \* \$40,000 (including Permanently Attached Equip)  
VIN: **1GNSKHKC6JR109897** Garaging Zip Code: 29063 Radius: 500 miles  
Personal use: N Body type: Sport Utility Vehicle

Liability Premium	Liability Premium	UM Premium	UM Premium	Med. Pay Premium	
	\$3171	\$226	\$222	\$318	
Physical Damage Premium	Comp/Glass Deductible	Comp/Glass Premium	Collision Deductible	Collision Premium	
	\$1,000/\$0	\$664	\$1,000	\$2780	
Other Coverages Premium	Rental Limit	Rental Premium	Roadside Limit	Roadside Premium	Auto Total
	\$50 per day Max \$1,500	\$78	Selected	\$18	<b>\$7,477</b>

\*A vehicle's stated amount should indicate its current retail value, including any special or permanently attached equipment. In the event of a total loss, the maximum amount payable is the lesser of the Stated Amount or Actual Cash Value, less deductible. Be sure to check stated amount at every renewal in order to receive the best value from your Progressive Commercial Auto policy.

### Premium discounts

Policy	
950058146	Multi-Product
Driver	
Kenton M Houseworth	Defensive Driver
Christan D Delyons-Mcknight	Defensive Driver

### Loss Payee information

1. Loss Payee	Auto 1	
		NAVY FEDERAL CU PO BOX 3000 MERRIFIELD, VA 22119 2018 CHEVROLET SUBURBAN (1GNSKHKC6JR109897)

### Important Cancellation Information

**THE INSURER CAN CANCEL THIS POLICY FOR WHICH YOU ARE APPLYING WITHOUT CAUSE DURING THE FIRST 90 DAYS. THAT IS THE INSURER'S CHOICE. AFTER THE FIRST 90 DAYS, THE INSURER CAN ONLY CANCEL THIS POLICY FOR REASONS STATED IN THE POLICY.**